2 4 2007

## PART B - FEE(S) TRANSMITTAL

d send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Rec(s) Transmittal. This certificate cannot be used for any other secompanying species. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block | for any change of address) 04/25/2007 Certificate of Mailing or Transmission 7590

BUTZEL LONG 350 SOUTH MAIN STREET SUITE 300

07/25/20**07/10che992Pe000000010**122136 10614536

01 FC:2501 02 FC:1504

700.00 DA

300.00 DA

I hereby cortify that this Fee(a) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Withants money

Michael S. Gzybowski (Det July 24, 2007 CONFIRMATION NO.

ATTORNEY DOCKET NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 9035 133697-0017 Guarong Xu 07/07/2003 10/614,536

TITLE OF INVENTION: EDI MODULE WITH STABILIZINO DC CURRENT

		ISSUE PEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY			\$0	00012	07/25/2007
lenoizivorquea	YES	5700	\$300	-	4.000	
EXAMINER ARTUNIT  PHASGE ARUN S 1753		ART UNIT	CLASS-SUBCLASS	]		
		1753	204-62R000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is yearlied.		2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no mame is listed, no name will be printed.				
PLEASE NOTE: Uncordation as set for (A) NAME OF ASS	nless an assigned is idea nh is 37 CFR 3.11. Con IGNEE THEY ENVIONMEN	uified below, no assigned apletion of this form is NO stal Engineering	•	Y and STATE OR COUN People's Republ	ic of China	
4a. The following fee(s  1stue Fee  2 Publication Fee		t permitted)	4b. Payment of Foc(s): (Pla A check is enclosed.	ents first reapply any pro	ryjeesly paid issue fee si tached.	hown above)
a. Applicant els	itatus (from status indica ime SMALL ENTITY su and Publication Foc (if o	stuc. See 37 CFR 1.27.	ted from anyone other than	onger claiming SMALL El the applicant a registered	NTTITY status. See 37 CF distinction of agent; or the	R 1.27(g)(2).
Authorized Signah	ire / Meu	Kal Saghi	James .	Date July	24, 2007	
Typed or printed name Michael S. Gzybowski  This collection of information is required by 37 CFR 1.311. The information is required by 35 U.S.C. 122 and 37.			ntion is required to obtain a	Registration No	32,816  abile which is to file (and tes to complete, includin	by the USPTO to proce

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR.1.14. This collection is estimated to take 12 minutes to complete, including gamering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the PHENTAY

PTO/SB/17 (07-07)
Approved for use through 06/30/2010, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Sperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. nes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**TRANSMI1** For FY 2007

Applicant claims small entity status. See 37 CFR 1.27 \$1,700.00 STAL AMOUNT OF PAYMENT (S)

C	Complete If Known		
Application Number	10/614,536		
Filing Date	July 7, 2003	<u> </u>	
First Named Inventor	Guorong XU		
Examiner Name	Arun S. Phasge		
Art Unit	1753		
Attorney Docket No.	136697-0017		

TOTAL AUTOURT OF THE							
METHOD OF PAYMEN	(check all t	hat apply)		<u> </u>			
Check Credit C	ard D N	Money Order	☐ None	Other (pk	ease identify): _		
	eposit Account	Number:	12-2136	Deposit A	ccount Name: _	BUTZE	L LONG
For the above-identified of	leposit accoun	t, the Director is	hereby authorit	zed to: (check all the	at apply)		
	ee(s) indicated			Charge fe	e(s) indicated be	How, except for t	ne filing fee
. <u> </u>	additional f	Sale) or any und	erpayments of		y overpayments		Dentito amili card
WARNING: Information on t Information and authorization	his form may in on PTO-203	become public 8.	. Credit card i	nformation should	not be included	on this form.	TOYICE CLOCK CETA
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND EX	AMINATION I FEES Small Entity	FEES SEARCH	FEES Small Entity		TION FEES	Fees Paid(\$)
Application Type	Fee (\$)	Fen (S)	Fee (\$)	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	Fee (\$) 100	THE THAT
Utility	300	150	500	250 50	130	65	
Design	200	100	100 300	150	160	80	
Plant	200	100	500 500	250	600	300	
Reissue	300	150	0	0	0	0	
Provisional	200	100	U	Ü	-		Small Entity
EXCESS CLAIM FEE     Fee Description     Each claim over 20 (Incl     Each independent claim     Multiple dependent claim	uding Reissu aver 3 (inclu	ues) uding Reissue:	s)			Fee (5) 50 200 360 <u>Multiple (</u> Fee (5)	Fee (\$) 25 100 180 Dependent Claims Fee Pakt (\$)
Total Claims - 20 or HP	Extra Clai	x	<u>\$50.00</u> =	Fee Paid (\$) \$0.00			
HP = highest number of total indep. Claims	l claims peid fo <u>Extra Cla</u> =	X	<u>5200.00</u> =	Fee Pald (\$) S0.00			
HP = highest number of Ind.  3. APPLICATION SIZE If the specification and ( 37 CFR 1.52(e)), the ap See 35 U.S.C. 41(a)(1)(	FEE frawings exc plication size G) and 37 C	eed 100 sheel sfee due is \$2 FR 1.16(s).	s of paper (e 50 (\$125 for	excluding electron small entity) for e ach additional 50 o			
Total Sheets - 100	<u>Extra 8</u>	<u>heets</u> / 50	0	(round up to	a whole numb	per) x <u>\$250.0</u> 0	) =\$0.00 Fee Paid (\$)
4. OTHER FEE(S) Non-English specification Other (e.g., late filing st	on, \$130 fo urcharge): Is	ee (no small e sue and Public	ntity discount	1)			\$1,700.00
SUBMITTED BY	TAIL	ados	John J.	Registration No. Attorney/Agent)	32,816	Telephone	734-213-3629
Signature	111000					Date	July 24, 2007
Name (Print/Type)		<b>√y</b> fic	hael S. Gzybe	MPM.		ب سیست	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Camplete, including gathering, preparing, and submitting the completed application for reducing this burden, should be sent in the Chief Information Ary comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent in the Chief Information Ary comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent in the Chief Information Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CATE OF	TRANSMISSION BY FA	CSIMILE (37 CFR 1.8)	Docket No. 133697-0017
Application No. 0/614,536	Filing Date 07/07/2003	Examiner Arun S. Phasge	Group Art Unit 1753
ention: EDI MODU	LE WITH STABILIZING DC C	URRENT	
hereby certify that th	nis Transmittal of Paymen	t of Issue Fee, Part B-Fee Trans (Identify type of correspondence)	smittal, Fee Transmittal
being facsimile tran	smitted to the United States Pa	atent and Trademark Office (Fax	No. <u>517-273-2885</u>
η <u>July 24,</u> <i>(Da</i>	2007 ste)		
		Debra L. Burns	C in C in C in C
	<u>-</u>	Syped or Printed Name of Pa	) Vunno
	<del>-</del>	Debra L. Burns  Apped or Printed Name of Perinted Name of Name	) Vunno
	- -	Syped or Printed Name of Pa	) Vunno
	- -	Syped or Printed Name of Pa	) Vunno
	Note: Each paper m	Syped or Printed Name of Pa	) Yeuro ————————————————————————————————————
	Note: Each paper m	Esped or Printed Name of Per Ly Comments	) Yeuro ————————————————————————————————————
,	Note: Each paper m	Esped or Printed Name of Per Ly Comments	) Yeuro ————————————————————————————————————
	Note: Each paper m	Esped or Printed Name of Per Ly Comments	) Yeuro ————————————————————————————————————
	Note: Each paper m	Esped or Printed Name of Per Ly Comments	) Yeuro ————————————————————————————————————

P.02/05

-	Æ)					Dock	et No.
TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				133697-0017			
							—-"
plica	nt(s): Guore	ong XU					<u> </u>
			Examiner		Customer No.	Group Art Unit	Confirmation No
\pplic	ation No.	Filing Date			35684	1753	9035
10/0	614,536	July 7, 2003	Arun S. Phasg				<u> </u>
/entic	on: EDI M	ODULE WITH STA	BLIZING DC CURRE	NT			
			Mail Stop Is COMMISSIONER I P.O. Box Alexandria, VA	FOR PAT : 1450			
anen	nitted herew	ith are the following t	or the above-identified	l applicati	on.		
⊒1.51. S2t ls	ssue Fee Tr	ansmittal Form PTO	85		_	· -	
	Itility Fee:		☐ Design Fee: _			Plant Fee:	
<b>23</b> F	Publication F		<u>.                                    </u>	•			
	A check in th	e amount of	is attache		count No.	12-213	36
	The Director as described	is hereby authorized	to charge and credit D	Jehosir V	50001111	•	
ŧ	es described	harge the amount of	\$1,700.00				
	⊠ C	redit any overpaymer	nt.				
	⊠ ¢	harge any additional	fee required.				
		credit card. Form PT		ublic Cr	adit card info	rmation should	not be
1	WARNING: included or	Information on this this form. Provide	credit card informati	ion and a	uthorization	on PTO-2038.	
,	M	(C. 15D)	1.00	Dated			
_/	////	Signature of	non _	Dates	. 012/21/		
Mich	ael S. Gzybe						
				•			
cc:	Ce	rtificate of Transmission	by Facsimile			eras - Mars - Dan Elmat 4	Clase Mail
	Thi	s certificate may only be by deposit accor	e used ii paying		Certificate o	f Mailing by First (	C1235 171all
ſ	I certify that	this document and author	tzation to charge deposit	I hen	by certify that	this correspondence	e is being deposited
ļ	account is b	eing facslmile transmitte rk Office (Fax No.	ed to the United States	بعجدا	lace mail in an e	nvelope addressed i	sufficient postage as to "Commissioner for
ļ	on tracema	ti attina li mi i iai		Pater	nts, P.O. Box 145	50, Alexandria, VA 2	22313-1450" [37 CFR
	July 24,	2007		1.8(a		· 	
	(Date	•	,		(Date)		
	SY	Luf Sach	·				
	////	rbail 5 mg h		-	Signature of	Person Mailing Corn	espondence
	ll I	Michael S. Gzyb				ATT	o Comernondence
	75-01-01	Printed Name of Person S	igning Certificate	II _ IL	Typed or Printed N	lame of Person Mallin	P35LARGE/REV08